

**TEENAGE PREGNANCY AND SCHOOL DROP OUT IN SELECTED SECONDARY  
SCHOOLS IN MAKINDYE DIVISION KAMPALA DISTRICT**

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## DECLARATION

I **OWAKUBARIHO FELIX**, a student of Kampala international University Uganda, hereby declare that this work is my original work and the best of my knowledge and that it has never been presented by any other person or institution for any academic award in and outside University Uganda.

Signature.....

Date.....

### APPROVAL

This research dissertation has been submitted for examination with my approval as a University Supervisor.

.....  
Signature.....

Date.....

**MRS. TALIGOOOLA DEBORAH**

## **DEDICATION**

I dedicate this research report to the almighty God who has enabled me to carry out my research successfully and my beloved parents, Mr & Mrs. Byamaka Fred a, brothers, sisters for the moral and financial support during this report and studies in general may god bless you all

Great thanks go to my supervisor for his patience, guidance to ensure that this work is perfect

I thank once again my parents and my brothers and my sisters for supporting my education up to this level am so proud of them, more still gratitude similarly goes out to family members (uncle, Aunties) for the love they have shown me.

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## **CHAPTER ONE**

### **1.0 Introduction**

This chapter entails the background to study, statement of the problem, objectives of the study, research questions, significance of the study and limitations of the study.

### **1.1. Background of the study**

Early pregnancy is also known as teenage pregnancy, it refers to female adolescents becoming pregnant between the ages of 13-19. These young females have not yet reached adulthood and the causes of teenage pregnancy vary greatly. Teenage pregnancy may be linked to things such as lack of education and information about reproduction, peer pressure and early engagement of sexual activity. UNICEF, Malaysia reports that although some teenage pregnancies are intentional, the majority of them are unintentional and led to many negative outcomes for the teenage mother (student), the child as well as other family and peers. Teenage mothers generally do not have the resources to care for a child and often they are not able to sustain healthy habits throughout pregnancy to ensure they produce a healthy baby. These young females often do not complete their education and they begin a perpetual cycle in which their child may further go on to become a teenage parent as well. Research shows that Kampala District is one of the areas in Uganda where students are still affected by this problem. A number of cases of early pregnancies are reported every year in secondary school students who drop out of the school before the level is completed due to pregnancies

### **1.2 Statement of the problem**

In the past decades the number of students who enroll in secondary schools in senior one drops when it comes to enrollment in senior five. The number of students who enroll for advanced certificate is relatively lower than as it was in senior one. According to statistics, the number of students who were admitted in senior five dropped by 30% compared to those who were admitted in senior one Uganda in 2015. This decline is said to have been as a result of many factors like change of school where by students go to schools in different districts, others join vocational schools while others girls drop out because of early pregnancies. This research seeks to investigate the extent to which students drop out of schools due to early pregnancy. According to the observation, Kampala district is likely to lose more students every year who drop out of



school due to early pregnancies. The researcher therefore asserts that this problem needs quick response from the government, parents and students.

### **1.3 Purpose of the study**

The main purpose of this study was conducted to identify the relationship between early pregnancies and school dropout among the youth girls in Kampala District. To examine the effects of early pregnancies among young girls in Kampala district

#### **1.4.2. Specific objectives**

1. To identify the causes of school dropout tendencies of adolescent stage by early pregnancy
2. To examine the effects of effects of School drop out due to early pregnancy.
3. To establish amicable solutions to the problem of school dropouts due to early pregnancies.

### **1.5 Research questions**

1. What are causes teenage pregnancies in secondary schools of Kampala district?
2. How is this problem affecting the education of the girl child education program?
3. What can the government do to curb this problem of early pregnancies in Kampala district?

### **1.6 Scope of the study**

#### **Contextual scope**

This research study is centralized on the effects of teenage pregnancies among the school girls in the secondary schools in Kampala district citing their causes and possible solutions to this problem

#### **Geographical scope**

The area of study will be carried out in Kampala District located in the central part of Uganda, , Kampala is neighboring Mpigi district, Mukono and Wakiso district in the south, east and north respectively.

## **Time scope**

The study traced the causes, effects and possible solutions of early pregnancies in Kampala district Uganda from April to June, 2018. Two. Months spent on proposal writing, data analysis, report writing and presentation.

### **1.6 Significance of the study**

This study will be relevant to the public, individuals and non-governmental institutions and the government programs as well due to its ground surface coverage of the contemporary issues affecting the societies.

To the government, this research will help in identifying the prevailing issues in the community and be in position to offer necessary leadership and guidance.

To social psychological institutions and organization, this research paper has been designed to provide the facts about human growth and development, how individuals and groups especially the members of the adolescent stage respond to the changes and challenges they face so that they can offer relevant and needed guidance and counseling the needy.

To the schools this paper will help to unveil the hidden causes and effects of this ever increasing problem that affects students in adolescent stage such that the responsible personnel can understand how to deal with the issue of prevention before anything harmful happens

The research will further help school students to know what causes this problem, to understand its negative effects on their future in order to be careful and avoid it completely.

It will also help future researchers in their findings about the same topic by acting like a reference of the study and source of information.

## 1.7 Conceptual framework

### Independent variables

- ❖ Rapid transition
- ❖ Moral decadence
- ❖ Cultural & traditional beliefs

### Dependent variables

- ❖ Student performance
- ❖ School dropout
- ❖ Emotional stress

### Intervening variables

- ❖ School environment
- ❖ Home environment
- ❖ Student moral development

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0. Introduction**

This chapter involves the impacts of early pregnancies on the school girls in general over time. It shows what various authors have noted or realized from the definition and background of early pregnancies to its relations to school drop outs, violence, truancy and concentration which all contribute to poor academic performance in secondary school students.

In Kampala and many other districts in the Uganda, the practice of child marriage is handed down from the past and has been one, authorities have struggled to eliminate, through the years. As a consequence, many naive young girls have become victims and have needless to say, dropped out of school.

#### **2.1. Causes of early pregnancy**

Research evidence from various studies across the globe in different fields highlights some of the factors behind teenage pregnancy as either individual, home, community or school associated (Panday, Makiwane Ranchold et al., 2009; Ramirez and Carpenter, 2008; Willan, 2013).

Some individual behaviors of secondary school girls are responsible for pregnancy. These include early sexual involvement (Musonga, 2014) that results in multiple and concurrent partnerships (MugandaOnyando and Omondi, 2008) with boys and men that may be transactional in nature due to poverty.

Poverty at home affects individual attributes of some girls in that it may Force girls “into survival sex for subsistence (FAWE Uganda, 2011); and for economic security girls can engage in multiple relations. Multiplicity of sexual relations reduces the chances that teenagers would use contraceptives to prevent pregnancies hence escalating the problem (Willan, 2013).Issues emanating from the home environment that are relational in nature may also contribute to teenage pregnancy. Physical presence of parents in the home (Ngom, Magadi and Owuor (2003), close parental supervision and monitoring of 4 adolescents (Makundi, 2010) and age appropriate communication delays sexual debut and diminishes negative peer pressure that could lead to unwanted early pregnancies (Panday, Makiwane Ranchold et al., 2009).Within the school environment a number of factors expose young girls to pregnancy risks.

According to Hallman and Grant (2006) poor school performance is a strong marker for pregnancy. Poor performance often leads to repetition, meaning that girls physically mature while still in school and experience a lot of peer pressure to have sex (Kirby, 2002).

In addition poorly performing girls have low educational expectations, are not sure they will graduate and as such have little motivation to avoid pregnancy (Coles, 2005; Turner, 2004).

Lack of comprehensive information on sexuality either at school or at home makes teenagers to rely on peer misinformation and may therefore succumb to peer pressure to have sex that could lead to early pregnancies (Panday, Makiwane, Ranchold et al., 2009).

Another school based factor that contributes to pregnancy related school dropout is sexual harassment perpetrated by boys and sometimes teachers, where girls are coerced into having sexual intercourse (Abuya, 2013; Sifuna and Chege, 2006). Mensch et. al (2001), also found out that girls who attended schools where girls felt they received equal treatment with boys were less likely to have engaged in sex than those who attended schools where fewer girls reported equal treatment. It thus appears that school environment is also a factor affecting the likelihood that a girl will be at risk of pregnancy.

The great majority of sexually active girls do not want to become pregnant. Teenage pregnancy can usually be attributed to abundance of sexual mythology that they have learned from their peers and lack of factual information that they have received from their parents. This causes them to believe that their sexual practices are safe and will not result in pregnancy. According to the new vision article posted by Lilian Namagembe, The latest statistics on the rate of teenage pregnancies signal that Ugandan teenagers are persistently turning a deaf ear to warnings against pre-marital sex. (Tuesday September 12 2017)

Uganda, in the East African region, has the lowest age of sexual debut at just 16.4 [before the age of consent], compared to Tanzania at 17.4 years, and Kenya at 18.2, according to the 2011 Uganda Demographic Health Survey (2011 UDHS). Teenage pregnancy is dangerous because teenagers are not ready physically, mentally and emotionally to have babies, medical doctors say. However, the 2016 UDHS data shows that teenage pregnancies in Uganda increased from 24 per cent in 2011 to 25 per cent in 2016.

As a result; “25 per cent of adolescent girls between the ages of 15 and 19 in Uganda have already begun childbearing,” the report indicates.

Undeniably, Teso sub-region, under which Soroti District falls, has the highest proportion of adolescents at 31 per cent who have begun childbearing, the 2016 UDHS indicates. The story of teenage in Kampala concurs with the 2016 UDHS report which further states that nearly three in every 10 adolescent girls between 15 and 19 years have begun childbearing; another indication that the teenagers are having unprotected sex.

Similarly, the 2015 UNAIDS country report indicates that teenagers and adolescents are particularly at a higher risk of contracting HIV/Aids. The situation is, however, not different in the central and western districts considering the increased abuse of social media, phones and peer pressure.

### **2.3 Dangers of Teenage Pregnancy**

Worse still, children born to very young mothers, surveys have indicated are at increased risk of sickness and death while teenage mothers will more likely experience adverse pregnancy outcomes. Mothers are also more constrained in their ability to pursue educational opportunities than young women who delay childbearing. In the central district of Kampala, Dr. Micheal Musiitwa, the District Health Officer, reported (September 2017) teenage pregnancy is a general problem in the district and the sub-region at large especially in the urban and trading centers, pointing at poverty as the underlying factor. “There is still need to keep girls in school, putting away disparities in schools, promoting school health and youth-friendly health services at facility level,” Dr Musiitwa stated.

He further explained that the existing youth-friendly services at health facilities should be strengthened so that the youth have a place they can get help. Similarly, Dr James Batyani, the District Health Inspector of Isingiro District, says teenage pregnancy is at an average rate of one in every 10 teenagers, pointing at poverty and early marriages as the major drivers of the problem. The age of sex debut is also as low as 13 years in Kampala district which is also as a result of poverty because the girls are desperate for material things their poor parents cannot provide.

## **Sex education**

As an intervention to the lingering problem, government in 2004 drafted the Adolescent Health Policy to help address the young age group characterized by dramatic physical, psychological and social changes that are often not understood by adults. Eight years down the road, the Ministry of Health is yet to present the policy to Cabinet for approval. The policy intends to help teenagers with skills to cope with their body changes to prevent them from being vulnerable to early sexual intercourse and its negative effects including unwanted pregnancies, unsafe abortion and school dropout.

The draft policy also covers all the issues that affect adolescent health and development including adolescent reproductive health system, alcohol and substance abuse, mental health and psychosocial support, school health, STIs and HIV. Others are non-communicable diseases, communicable diseases, nutrition, accidents and injuries among other specifics where an adolescent needs information and treatment services. Ms Miriam Namugere, the principal nursing officer in the Health Ministry's Reproductive Health Division, says the policy hopes to address accessibility to age appropriate acceptable, affordable and quality health services and information to all adolescents without discrimination.

We are still consulting the different stakeholders after which it will be forwarded to Parliament for approval. Early pregnancy in Kampala has ruined future of the youth in secondary school girls as the end result of the sexual relationships of majority school going teenagers in Uganda increase, their future prospects come to an end.

The crane survey conducted from June through October 2010 among Senior Three to Senior Six students regardless of gender, which showed that at least 28.8 per cent of high school students in Kampala have had sex in their life time.

On average, high school students fall under the age group of 13 and 19. "Of the sexually experienced students, one in seven rewarded or were rewarded for their first sex act whereas one in eight were forced to have sex the first time they did," the survey report stated, adding that their first sexual encounter was with relatives at the age of 13

## 2.4 Measures to overcome Child Marriages

Measures have also been taken to stamp out child marriages, which are rife in Kampala district but a current on going measures have been seen in the northern parts of Uganda.

“For young vulnerable girls, child protection committees have been formed in both districts and around 50 culprits have already been arrested. Early marriages are counterproductive to girls. They have in many ways affected development in Lango sub region,” explains Christine Amuge, the Aboke sub county chief. Aboke and other sub counties in Kole have also become by words for poor hygiene. Of late however, the state of hygiene and access to safe water coverage have been improving.

KAYUNGA, (16 June 2015) The Government of Uganda launched its first ever National Strategy to end Child Marriage and Teenage Pregnancy as the country joins the rest of Africa to celebrate the Day of the African Child (DAC). Developed by the Ministry of Gender, Labour and Social Development with technical and financial support from UNICEF, the strategy outlines approaches and interventions that will end child marriage and teenage pregnancy in Uganda.

“The strategy has been developed because for the last 30 years, there has been no change in the average age at first marriage which, in spite of multiple interventions, has remained at 17.9 years,” says Ms. Evelyn Anite, State Minister for Youth and Children Affairs.

With 49 per cent or nearly three million women of all 20-49 year old Ugandan women married by the age of 18 and 15 per cent (around 900,000 women) married by the age of 15, child marriage remains a serious issue in Uganda. Observed since 1991, the DAC provides governments, development partners and communities an opportunity to renew their on-going commitments towards improving the plight of children. The theme this year is “25 Years after the Adoption of the African Children’s Charter: Time to take action to End Child Marriage in Uganda.” with the main commemoration taking place in Kampala, Mbaale Sub County, Kayunga district.

The prevalence of child marriages is highest in Northern Uganda at 59%, followed by Western region (58%), Eastern region (52%), East central (52%), West Nile (50%), Central (41%), South



west (37%), and lowest in Kampala (21%). While child marriage - defined as marriage before the age of 18 - applies to both girls and boys, the practice is far more common among girls, especially those in rural areas. Child marriage affects all aspects of a child's life and is a violation of their rights. The practice exposes girls to health risks associated with adolescent/early pregnancies, HIV/AIDS, sexually transmitted diseases, which negatively impact on their physical and psychological wellbeing. More often, infants born to adolescent mothers have a higher risk of being born premature, dying soon after birth or having a low birth weight, which subsequently affect the infants' health, physical and cognitive development.

Apart from the violation of health rights, child marriage disrupts children's education and exposes them to violence and abuse. "While a number of national and international legal instruments have been put in place and ratified by the Government of Uganda to protect the fundamental right of children to not be married before the age of 18, including the national Constitution, the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of Discrimination Against Women (CEDAW), more needs to be done to ensure they are fully adhered to," says Ms. Aida Girma, UNICEF Representative.

To effectively launch the Africa-wide campaign in Uganda, a two week media campaign dubbed #End Child Marriage UG will be run on NTV. The campaign is intended to raise awareness on the causes and consequences of child marriage in Uganda, particularly its impact on adolescent girls.

Uniquely, the campaign will call for the public to share their stories of actions taken to end child marriage within their communities and feature some of the most compelling and inspiring stories at the end of June. Last year, in close partnership with the Ministry of Gender, UNICEF launched the national helpline SAUTI 116 a platform that is utilized by the public to report all forms of violence and abuse against children. According to statistics in 2014, the helpline received 166 child marriage cases, of which 92 were followed and successfully closed. Since the beginning of this year, 131 cases have been received with 33 responded to and concluded.

In addition, using U-report, a free SMS-based system supported by UNICEF, young people across the country have reported cases of child marriage within their communities. In January

2015, 13,000 U reporters across the country said child marriage is a big issue in their communities. They mentioned a number of measures underway in their communities to prevent child marriage; sensitization through the media, monitoring by the district and local governments, initiatives by non-governmental/community based organizations, support from religious and cultural leaders and peer support and youth networks.

Ending child marriage not only breaks an intergenerational cycle of poverty but also allows girls to participate more fully in society thereby contributing towards the development of their country.

Although pregnancy and motherhood do not always interrupt a schoolgirl's education they do introduce a new set of circumstances that influence future decisions related to the girl's education (Grant & Hallman, 2006:11).

According to Panday et al. (2009:27) schoolgirl pregnancy can have a profound impact on the mother and child by placing limits on her educational achievement and economic stability as well as predisposing her to single parenthood.

Bezuidenhout (2008:44) states that an unmarried, pregnant teenager (schoolgirl) finds herself in the midst of a multifaceted crisis characterized by the emotional and physical reality of a pregnancy, the interruption of normal physiological and psychological development, a possible change in education and career pursuits, as well as in parental and kinship support, an increase in medical risks during pregnancy, and premature assumption of the adult role with its associated responsibilities. According to Karra and Lee (2012:4) pregnancy immediately places a teenager at an educational and economic disadvantage. She may now take longer to complete her studies, and may therefore be economically inactive for a longer period of time. She may also fail to complete her education, struggle to find proper employment and may have to make ends meet from a government grant or support from relatives.

In their research Bhana et al. (2010:873) found that the presence of a pregnant girl(s) in a classroom is not only a threat to their own academic achievement but also to the collective academic performance of the class as well as the classroom harmony. In particular, most pregnant schoolgirls are not able to cope with the school's academic demands. Kramer and

Lancaster (2010) in agreement with Lynch (2008) opined that in most Africa cultures, women are expected to subordinate their needs and desire to those of their children and families. Thus, students with infant have to grapple with the role of motherhood and studentship. As a student mother, the student blends two identities the role of which conflicts. To be a good student, one needs to be fully committed to the academic demands.

A pregnant schoolgirl missed some classes during the day when she was not feeling well, when the pregnant schoolgirl had to visit a clinic or doctor and during the final stages of her pregnancy, delivery and after the birth of the baby (Bezuidenhout, 2008; Changach 2012). Frequent absenteeism from school results in school girls missing a lot of school work e.g. lessons, assignments, tests, (Bhana, Morrell et al,2010).

Dhlamini (2009) stated that the future of most pregnant school girls was bleak as indicated by available statistics which showed that a third of pregnant school girls did not complete their schooling. Education played an important role in the future of young people as it prepared them for work and life as an adult. He noted that after the birth of the baby they were saddled with the responsibility of bringing up a child while they were themselves still “children” that were supposed to be in school. The possibility of furthering their studies, in order to qualify for choice career prospects, was remote because of financial constraints and the responsibilities of motherhood.

Marteleto and Lam (2008:3) maintain that if a girl returns to complete her schooling after the birth of a child it is because of the support received from her family and being provided with flexible child care options. However, childbearing impedes on most girls’ educational careers. Research has found that pregnancy in school often resulted in poor results, failure, repeating of grades and school dropout (Dietrich, 2003:29).

According to a research done by Vundule, Maforah, Jewkes & Jordaan (2001) in South Africa, the reasons why school girls were not using contraception included ignorance, fear of parents finding out, shyness in going to a clinic, and disapproval from the boyfriend.

A study by Jonathan, Klein, & Committee on Adolescence (2005) showed that a school girl pregnancy had been associated with frequent sex without reliable or no contraception, sexual coercion, inadequate communication about matters pertaining to sex between partners, to prove one's fertility, poor socio-economic conditions and promiscuity. In the following discussions some of the reasons that emerged from the literature received attention. The following reasons for school girl pregnancy were Knowledge about sexuality, Peer pressure, Independence, Media, Poor socioeconomic conditions.

Every individual responded to sexual stimulation, but the teenager (adolescent), because of inexperience, was especially vulnerable as the intensity of the responses was confusing and difficult to understand (Ferguson, 2004). A study that was done in Norway by

Macleod, (1999) emphasized that peer pressure sometimes involved exclusionary practices, as when sexually inexperienced teenagers were sent away during the discussion of any sexual matters. The educational stakes were also very high for young parents in the developed countries whereas a high percentage of young mothers drop out of school, which made early motherhood the number one reason for dropping out of school among young girls in these countries. In their research on schoolgirl pregnancy, Marston and King (2006) in South Africa established that lack of authentic knowledge about sexuality issue seemed to be one of the major causes of pregnancies amongst primary schoolgirls. Adequate knowledge about sexuality could only be obtained by education and the family milieu and parents were regarded as the most suitable to inform the child about sexuality issues (Bezuidenhout, 2004). However, in certain cultures sexuality issues were the least spoken about or discussed by members of the family, any sex topic was taboo (Rangiah, 2012).

According to Newman (2008) mothers often failed to communicate the 'facts of life' to their daughters and information about menarche was acquired from an elder sister, peers or nurses from health departments who visit schools. International Journal of Scientific and Research Publications, Volume 7, Issue 11, November

The perception by many adolescent concerning friends' pregnancy, liberal attitudes towards casual sex, the use of alcohol or drugs, fear of hormonal contraceptives and poor school-based

sexuality education was associated with schoolgirl pregnancies (Oni et al., 2005). School girls shared a great deal of their lives with the peer group; they went to school with them, participate in sport with them, spend leisure time with them and slept over at their homes (Burger et al, 1994). Matters that could not be discussed with parents in some homes were freely discussed with the peer group, for example personal problems, educators, parents, clothing, the future, sex, contraceptives, drugs, alcohol etc.

However, the sexual information that peers had was not always authentic. Thus incorrect information received about sex from the peer group, peer pressure or the need of the teenager to be like her peers all contributed to causing unwanted pregnancies (Bezuidenhout, 2008).

Burger et al (1994) maintained that relationships with peers and peer pressure played an important role during adolescence. They spent a lot of time together in groups and the individual had to conform in order to be accepted by the group. The implication was that conformity was either implicitly or explicitly enforced and schoolgirls often engaged in sexual activities to be accepted in their peer group despite the possibility of an unwanted pregnancy (Vundule, et al., 2001).

The adolescent schoolgirl conformed even if it meant a contravention of social or parental norms (Bolton, 2003). Personal independence for the adolescent (schoolgirl) involved leaving the safety of the family environment and orienting into the world outside (Jonathan, Klein, & Committee on Adolescence, 2005). The adolescent must be physically and physiologically prepared to let go of their dependence on their parents (guardians) and to value identification with the peer group rather than attachment to the home and family (Burger, Gouws & Kruger, 2000). Becoming emancipated (independent) and gradually loosening her ties with parents they could not hope to contract adult relationships or develop her own identity and value system and became a member of society in the fullest sense. There were two sides to the independence of the adolescent schoolgirl, on the one hand the adolescent's readiness to take her own decisions and accept responsibility for them and on the other hand the parents' readiness to permit this (Very, 1990). Studies showed that parents were very reluctant to discuss openly and freely issues concerning sexuality and reproductive with their children especially the adolescents with focus on age group 12-17 years (Human Science Research Council (HSRC), 2008; Panday et al., 2009).

Harrison (2006) said teenagers (adolescents) who experienced physiological and other changes often found it difficult to discuss these experiences with their parents. In need of information, they turn to their peers for guidance or seek information from other sources (e.g. books) to satisfy their curiosity (Panday et al., 2009). Although there were health clinics available to adolescents where they can obtain appropriate information on sexuality matters, many did not use these facilities for fear of being identified as sexually active or the belief that such facilities were only for adult mothers, the elderly and the sick (Bezuidenhout, 2008).

The mass media with its sexualized content was also a contributing factor that perpetuated schoolgirl pregnancies as it gave teenagers easy access to pornographic and adult television programs (Oni et al., 2005). Pornographic material and sexuality information was freely accessible via devices such as computers and cell phones. Devenish, Gillian & Greathead (2004) said teenagers had access to books, films, videos and magazines that are explicit in describing sexuality issues.

Many were factually incorrect, creating unrealistic expectations from teenagers and increasing the myth about sexuality issues. In her research (Rangiah 2012) established that adolescent girls who were exposed to sexuality in the media were also more likely to engage in sexual activities. Bezuidenhout (2004) said that “sexually arousing material, whether it was on film, in print or set to music, was freely available to the teenager and such information was often presented out of context of the prescribed sexual norms of that society”. According to Panday et al., (2009) there was no question that television also contributed to sexual activities amongst school children.

In their research on teenage pregnancy Kanku and Mash (2010:567) found that teenage girls may feel the need to prove that they are able to have children before marriage. Although current research indicates a change in the belief that it is important to prove one's fertility before marriage, this value is still found to be one of the reasons of teenage pregnancy (Masemola, 2008:6). Wood and Jewkes (2006:111) reported in their research findings that many girls was often pressurized to get pregnant at an early age. Amongst their respondents many girls described the importance of proving fertility in order to attain status and acceptance as a woman. They described it as having a “strong snake in the womb”. Many of the girls also admitted that they fell pregnant because of the pressure put on them by a boyfriend or family members to

prove their fertility. According to Macleod (1999:9) a girl's sexual partner also often wanted to prove his fertility by fathering a child and pregnancy will prove love and commitment

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter involves the impacts of early pregnancies on the school girls in general over time. It shows what various authors have noted or realized from the definition and background of early pregnancies to its relations to school drop outs, violence, truancy and concentration which all contribute to poor academic performance in secondary school students

In Kampala and many other districts in the Uganda, the practice of child marriage is handed down from the past and has been one, authorities have struggled to eliminate, through the years. As a consequence, many naive young girls have become victims and have needless to say, dropped out of school.

#### **3.1 Research Design**

A research design is the arrangement of conditions for collection and analysis of data in a manner that combines relevance to the research purpose with economy in procedure (Kothari, 2007). The study adopted a descriptive survey research design; as such it was an intensive descriptive analysis of academic progression by teenage mothers who drop out of the school due to pregnancy and those who remain in schools after getting pregnant. Descriptive survey research study allowed both quantitative and qualitative methods. The adoption of descriptive survey was useful for educational fact finding because it provided a great deal of information.

#### **3.2 Study Area**

This was carried out in the selected schools in Kampala District.

- Princess Diana High school (Private)
- St. Dennis High school

#### **3.3 Target Population**

The target population of the study consisted of two schools within the district secondary schools consisted a total of 28 teachers both males and females according to the Head Teacher while

#### **3.4 Sample size and sampling techniques**

The area and the schools were randomly selected because of the past record of teenage pregnancies in both schools hence sufficiency of study population as required to make any research meaningful to the community and the state. The Sub County had several educational



institutions but the above mentioned were selected at random to act as the sample, representing the rest of the schools in the region.

The sample size for the study was arrived at after taking the authorities (government local leaders and school managers) and discovering the geographical coverage of kampala district. Stratified sampling technique was used in selecting schools from the zones, day and boarding, girls and, boys and mixed schools. Stratified and simple random sampling was used. Then simple The area and the schools were randomly selected because of the past record of teenage pregnancies in both schools hence sufficiency of study population as required to make any research meaningful to the community and the state. The Sub County had several educational institutions but the above mentioned were selected at random to act as the sample, representing the rest of the schools in the region

Random sampling was used to selecting the students to be used to generate data, as well as teachers and head teachers.

### **3.5 Data Collection Instruments**

The researcher used questionnaires, interviews as the main tools for data collection instruments. The research instrument of choice for this study was the written questionnaire. The questionnaires were used because they are able to gather large amounts of data from many subjects very inexpensively. They are also easily administered and analyzed. The target population was also a little literate to the demands of the research paper and therefore unlikely to have difficulties responding to the questionnaire items .empirical observation of the target area was also used in data collection given the fact that some information cannot be satisfied by the questioners. Finally the researcher carried out interviews and got different ideas and information from relevant and knowledgeable groups and individuals in this region

### **3.6 The data collection procedures**

Through this study were collected through actual visits to the schools within Kampala district. The structured questionnaires were administered by the researcher. The researcher used the class registers and class attendance lists to find out those who had dropped out of school and the reasons for their exit.

### **3.6.1 Data quality control**

prior to the actual research, a pilot study was carried out Princess Diana high school in Kampala district. Two girls were given questionnaires to fill and they returned to the researcher. The researcher considers their responses in order to obtain insight into problems that were not predictable prior to the actual research such as clarity of language and time required to fill the instrument.

### **3.6.2 Validity**

Instruments were developed as per the objectives of the study: they were validated by carrying out a pilot study on respondents of Princess Diana high school and st. Dennis high school. Twenty respondents from each of the two schools were used. The research ensured that the time between piloting study and data collection is short in order to do away with possibility of contamination. The researcher also consulted the experts from the department of psychology most especially Dr. Callist, counseling and educational foundations of Kampala international university on the best possible method to use.

### **3.6.3 Reliability.**

Mugenda (1999), defined reliability as a measurement technique employed to test whether the research instrument produces consistent results or data for repeated trials. The cronbach Alpha co-efficient was used to compute the reliability coefficient of instruments. According to Fraenkel and Wallen (2002), this is an acceptable coefficient for social sciences.

### **3.7 Data Analysis procedures**

Descriptive statistics including percentages and frequencies were used in analysis. Data was presented in pie charts and tables. Qualitative data was analyzed thematically and the interviews were used to compare and contrast the findings from the questionnaires and there after descriptive discussion was given for the same.

### **3.8 Ethical Considerations**

The researcher sought permission from schools for data collection purposes. This was facilitated through a letter of introduction from university. The letter also confirmed that the research was solely meant for academic purposes. The researcher also sought permission from the college of Education of the University. The researcher also declared that the identity of the respondents was highly confidential. The research also undertook to accept any errors due to omission or commission while compiling the report of the study.

### **References:**

Harrison (2006) said teenagers (adolescents) who experienced physiological and other changes often found it difficult to discuss these experiences with their parents. In need of information, they turn to their peers for guidance or seek information from other sources (e.g. books) to satisfy their curiosity (Panday et al., 2009). Although there were health clinics available to adolescents where they can obtain appropriate information on sexuality matters, many did not use these facilities for fear of being identified as sexually active or the belief that such facilities were only for adult mothers, the elderly and the sick (Bezuidenhout, 2008).

The mass media with its sexualized content was also a contributing factor that perpetuated schoolgirl pregnancies as it gave teenagers easy access to pornographic and adult television programs (Oni et al., 2005). Pornographic material and sexuality information was freely accessible via devices such as computers and cell phones. Devenish, Gillian & Greathead (2004) said teenagers had access to books, films, videos and magazines that are explicit in describing sexuality issues.

Many were factually incorrect, creating unrealistic expectations from teenagers and increasing the myth about sexuality issues. In her research (Rangiah 2012) established that adolescent girls who were exposed to sexuality in the media were also more likely to engage in sexual activities. Bezuidenhout (2004) said that “sexually arousing material, whether it was on film, in print or set to music, was freely available to the teenager and such information was often presented out of context of the prescribed sexual norms of that society”. According to Panday et al., (2009) there was no question that television also contributed to sexual activities amongst school children.

In their research on teenage pregnancy Kanku and Mash (2010:567) found that teenage girls may feel the need to prove that they are able to have children before marriage. Although current research indicates a change in the belief that it is important to prove one's fertility before marriage, this value is still found to be one of the reasons of teenage pregnancy (Masemola, 2008:6). Wood and Jewkes (2006:111) reported in their research findings that many girls was often pressurized to get pregnant at an early age. Amongst their respondents many girls described the importance of proving fertility in order to attain status and acceptance as a woman. They described it as having a “strong snake in the womb”.

## CHAPTER FOUR

### DATA PRESENTATION ANALYSIS AND INTERPRETATION OF FINDINGS

#### 4.0 Introduction

This study set out to investigate the causes of early pregnancy in selected secondary schools of Makindye Division. The following objectives guided my study;

1. To examine the causes of early pregnancies among young girls in Kampala district
2. To identify the effects of school dropout tendencies of adolescent stage by early pregnancy
3. To establish amicable solutions to the problem of school dropouts due to early pregnancies.

#### 4.1 Back ground characteristics of respondents

This chapter is comprised of the presentation and analysis of data collected from the field. The researcher compiled information and presented it in form of table and graphs to explain the variables in form illustrations.

##### 4.1.1 Table 1 table of population

Table 1 gives the distribution of students and sample size per school.

Table of Population

Schools	Total number	Sample Size	No. of Respondents	Percentage %
Princess Diana high school	764	300	250	50.5%
St. Dennis secondary school	699	300	245	49.4%
Total	1463	600	495	82.5%

Source: Field Data 2018

From the above table 82.5% of the entire population responded in this research study

#### 4.1.2 Table 2 victims of early pregnancy

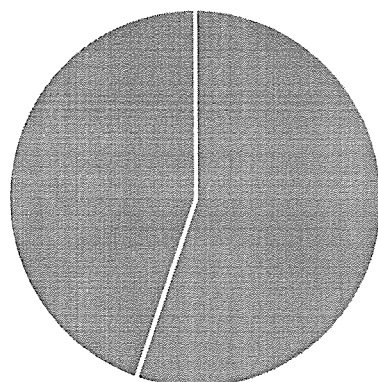
The following shows the number of students affected by early pregnancies.

	Total number of students	Victims of early pregnancy	Percentage %
Princess Diana high school	764	16	2.0
St. Dennis secondary school	699	13	1.8
Total	1463	29	6.2

Source: Field Data 2018

Findings in table II indicate that number of students whose performance was sabotaged by the challenge of early pregnancy in the two selected schools. Research found out that 16 of the total population of 764 representing 2.0% of princess Diana high school were affected by early pregnancy and out of 699 students from St. Dennis secondary school 13 students representing 1.8% were affected by domestic violence totaling to 6.2% of students in the two selected schools in Kampala district experiencing challenges of early pregnancies.

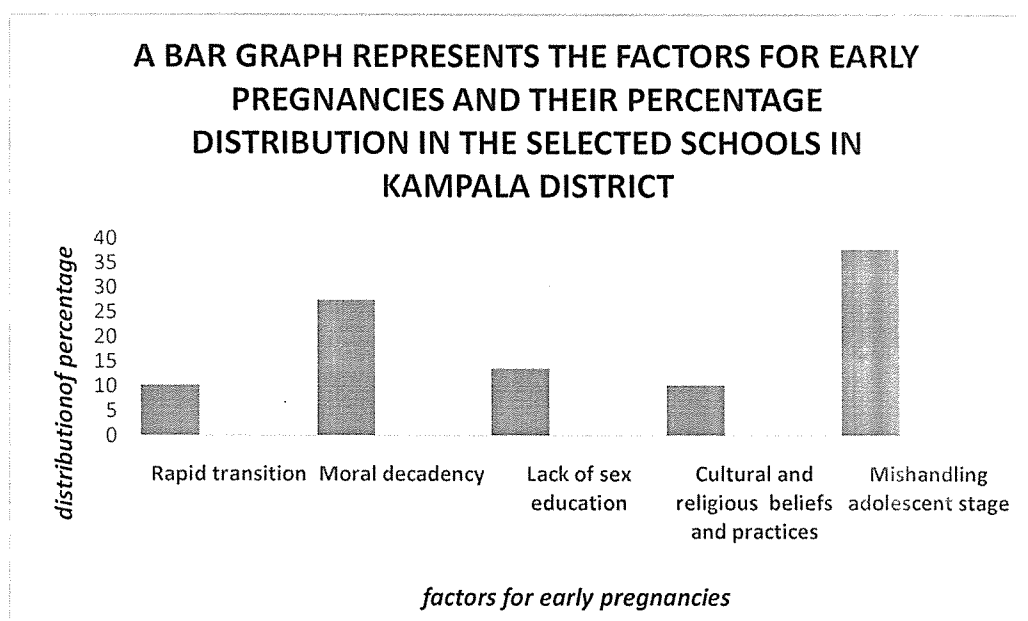
A PIE CHART BELOW REPRESENTS THE PRESENCE OF EARLY PREGNANCY  
IN THE TWO SELECTED SCHOOLS



■ Kiboga progressive secondary school    ■ Light college secondary school

Source:  
Field Data  
2018

4.1.2 Table  
3 showing  
causes of  
early  
pregnancy



A table below the causes of early pregnancies tendencies in Kampala.

causes	Distribution of blame	Percentage%
Rapid transition	3	10.3
Moral decadency	8	27.5
Lack of sex education	4	13.7
Cultural and religious beliefs and practices	3	10.3
Mishandling adolescent stage	11	37.9
Total	29	99.7

Source: Field Data 2018

Results showed that many factors led to early pregnancy in Kampala district however the degree or the rate of increase vary for different factors as shown in the graph above. Findings have shown that mishandling the adolescent stage (37.9%) in schools and at home has resulted into increasing early pregnancy. Here an adolescent fails to cope up with the ongoing pressures in his body and the presence of a pervasive community gives them an upper hand leading to early pregnancy. Moral decadency (27.5%) among the youth is also on a rapid increase in secondary schools in Kampala district. This has been attributed to mass media and the so called modernization country wide. Many students especially in senior three and four reported that they want to cope with the changing society; this has been increased by lack of sex education (13.7%) from both parents and teachers hence leading to early pregnancies in Kampala district. Rapid transition representing (10.3%) and cultural and religious teaching and beliefs representing (10.3%) have also contributed to occurrence of early pregnancy in Kampala district

**4.3 Table 4 showing a summary of causes of early pregnancies and their effects in Kampala district**

Causes	effects
Rapid transition	<ul style="list-style-type: none"> <li>• School dropout</li> <li>• Early marriages poverty</li> </ul>
Moral decadency	<ul style="list-style-type: none"> <li>• Poor grades</li> <li>• Lack of moral values</li> </ul>
Cultural beliefs and practices	<ul style="list-style-type: none"> <li>• Child suffrage</li> </ul>
Religious teachings	<ul style="list-style-type: none"> <li>• Lack of moral ethics</li> </ul>
Mishandling adolescent stage	<ul style="list-style-type: none"> <li>• Loss of future plans</li> <li>• Poor grades</li> </ul>

Source: Field Data 2018

#### **4.3 Effects of school drop out in secondary schools in Kampala district.**

Worse still, children born to very young mothers, surveys have indicated are at increased risk of sickness and death while teenage mothers will more likely experience adverse pregnancy outcomes. Mothers are also more constrained in their ability to pursue educational opportunities than young women who delay childbearing.

In the central district of Kampala, Dr Micheal Musiitwa, the District Health Officer, reported (September 2017) teenage pregnancy is a general problem in the district and the sub-region at large especially in the urban and trading centers, pointing at poverty as the underlying factor. “There is still need to keep girls in school, putting away disparities in schools, promoting school health and youth-friendly health services at facility level,” Dr Musiitwa stated.

He further explained that the existing youth-friendly services at health facilities should be strengthened so that the youth have a place they can get help. Similarly, Dr James Batyani, the District Health Inspector of Isingiro District, says teenage pregnancy is at an average rate of one in every 10 teenagers, pointing at poverty and early marriages as the major drivers of the problem. The age of sex debut is also as low as 13 years in Kampala district which is also as a result of poverty because the girls are desperate for material things their poor parents cannot provide.

#### **4.4 Measures to combat the early pregnancies in secondary schools in Kampala district**

Measures are also been taken to stamp out child marriages, which are rife in Kampala district but a current on going measures have been seen in the northern parts of Uganda.

“For young vulnerable girls, child protection committees have been formed in both districts and around 50 culprits have already been arrested. Early marriages are counterproductive to girls. They have in many ways affected development in Lango sub region,” explains Christine Amuge, the Aboke sub county chief. Aboke and other sub counties in Kole have also become by words for poor hygiene. Of late however, the state of hygiene and access to safe water coverage have been improving.

KAYUNGA, (16 June 2015) The Government of Uganda launched its first ever National Strategy to end Child Marriage and Teenage Pregnancy as the country joins the rest of Africa to celebrate the Day of the African Child (DAC). Developed by the Ministry of Gender, Labour and Social Development with technical and financial support from UNICEF, the strategy outlines approaches and interventions that will end child marriage and teenage pregnancy in Uganda.



“The strategy has been developed because for the last 30 years, there has been no change in the average age at first marriage which, in spite of multiple interventions, has remained at 17.9 years,” says Ms. Evelyn Anite, State Minister for Youth and Children Affairs.

With 49 per cent or nearly three million women of all 20-49 year old Ugandan women married by the age of 18 and 15 per cent (around 900,000 women) married by the age of 15, child marriage remains a serious issue in Uganda. Observed since 1991, the DAC provides governments, development partners and communities an opportunity to renew their on-going commitments towards improving the plight of children. The theme this year is “25 Years after the Adoption of the African Children’s Charter: Time to take action to End Child Marriage in Uganda.” with the main commemoration taking place in Kampala, Mbaale Sub County, Kayunga district.

The prevalence of child marriages is highest in Northern Uganda at 59%, followed by Western region (58%), Eastern region (52%), East central (52%), West Nile (50%), Central (41%), South west (37%), and lowest in Kampala (21%). While child marriage - defined as marriage before the age of 18 - applies to both girls and boys, the practice is far more common among girls, especially those in rural areas. Child marriage affects all aspects of a child’s life and is a violation of their rights. The practice exposes girls to health risks associated with adolescent/early pregnancies, HIV/AIDS, sexually transmitted diseases, which negatively impact on their physical and psychological wellbeing. More often, infants born to adolescent mothers have a higher risk of being born premature, dying soon after birth or having a low birth weight, which subsequently affect the infants’ health, physical and cognitive development.

Apart from the violation of health rights, child marriage disrupts children’s education and exposes them to violence and abuse. “While a number of national and international legal instruments have been put in place and ratified by the Government of Uganda to protect the fundamental right of children to not be married before the age of 18, including the national Constitution, the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of Discrimination Against Women (CEDAW), more needs to be done to ensure they are fully adhered to,” says Ms. Aida Girma, UNICEF Representative.

To effectively launch the Africa-wide campaign in Uganda, a two week media campaign dubbed #End Child Marriage UG will be run on NTV. The campaign is intended to raise awareness on the causes and consequences of child marriage in Uganda, particularly its impact on adolescent girls.

Uniquely, the campaign will call for the public to share their stories of actions taken to end child marriage within their communities and feature some of the most compelling and inspiring stories at the end of June. Last year, in close partnership with the Ministry of Gender, UNICEF launched the national helpline SAUTI 116 a platform that is utilized by the public to report all forms of violence and abuse against children. According to statistics in 2014, the helpline received 166 child marriage cases, of which 92 were followed and successfully closed. Since the beginning of this year, 131 cases have been received with 33 responded to and concluded.

In addition, using U-report, a free SMS-based system supported by UNICEF, young people across the country have reported cases of child marriage within their communities. In January 2015, 13,000 U reporters across the country said child marriage is a big issue in their communities. They mentioned a number of measures underway in their communities to prevent child marriage; sensitization through the media, monitoring by the district and local governments, initiatives by non-governmental/community based organizations, support from religious and cultural leaders and peer support and youth networks.

Ending child marriage not only breaks an intergenerational cycle of poverty but also allows girls to participate more fully in society thereby contributing towards the development of their country.

Although pregnancy and motherhood do not always interrupt a schoolgirl's education they do introduce a new set of circumstances that influence future decisions related to the girl's education (Grant & Hallman, 2006:11).

According to Panday et al. (2009:27) schoolgirl pregnancy can have a profound impact on the mother and child by placing limits on her educational achievement and economic stability as well as predisposing her to single parenthood.

Bezuidenhout (2008:44) states that an unmarried, pregnant teenager (schoolgirl) finds herself in the midst of a multifaceted crisis characterized by the emotional and physical reality of a pregnancy, the interruption of normal physiological and psychological development, a possible change in education and career pursuits, as well as in parental and kinship support, an increase in medical risks during pregnancy, and premature assumption of the adult role with its associated responsibilities. According to Karra and Lee (2012:4) pregnancy immediately places a teenager at an educational and economic disadvantage. She may now take longer to complete her studies, and may therefore be economically inactive for a longer period of time. She may also fail to complete her education, struggle to find proper employment and may have to make ends meet from a government grant or support from relatives.

In their research Bhana et al. (2010:873) found that the presence of a pregnant girl(s) in a classroom is not only a threat to their own academic achievement but also to the collective academic performance of the class as well as the classroom harmony. In particular, most pregnant schoolgirls are not able to cope with the school's academic demands. Kramer and Lancaster (2010) in agreement with Lynch (2008) opined that in most Africa cultures, women are expected to subordinate their needs and desire to those of their children and families. Thus, students with infant have to grapple with the role of motherhood and studentship. As a student mother, the student blends two identities the role of which conflicts. To be a good student, one needs to be fully committed to the academic demands.

A pregnant schoolgirl missed some classes during the day when she was not feeling well, when the pregnant schoolgirl had to visit a clinic or doctor and during the final stages of her pregnancy, delivery and after the birth of the baby (Bezuidenhout, 2008; Changach 2012). Frequent absenteeism from school results in school girls missing a lot of school work e.g. lessons, assignments, tests, (Bhana, Morrell et al,2010).

Dhlamini (2009) stated that the future of most pregnant school girls was bleak as indicated by available statistics which showed that a third of pregnant school girls did not complete their schooling. Education played an important role in the future of young people as it prepared them for work and life as an adult. He noted that after the birth of the baby they were saddled with the responsibility of bringing up a child while they were themselves still "children" that were

supposed to be in school. The possibility of furthering their studies, in order to qualify for choice career prospects, was remote because of financial constraints and the responsibilities of motherhood.

Marteletto and Lam (2008:3) maintain that if a girl returns to complete her schooling after the birth of a child it is because of the support received from her family and being provided with flexible child care options. However, childbearing impedes on most girls' educational careers. Research has found that pregnancy in school often resulted in poor results, failure, repeating of grades and school dropout (Dietrich, 2003:29).

According to a research done by Vundule, Maforah, Jewkes & Jordaan (2001) in South Africa, the reasons why school girls were not using contraception included ignorance, fear of parents finding out, shyness in going to a clinic, and disapproval from the boyfriend.

A study by Jonathan, Klein, & Committee on Adolescence (2005) showed that a school girl pregnancy had been associated with frequent sex without reliable or no contraception, sexual coercion, inadequate communication about matters pertaining to sex between partners, to prove one's fertility, poor socio-economic conditions and promiscuity. In the following discussions some of the reasons that emerged from the literature received attention. The following reasons for school girl pregnancy were Knowledge about sexuality, Peer pressure, Independence, Media, Poor socioeconomic conditions.

Every individual responded to sexual stimulation, but the teenager (adolescent), because of inexperience, was especially vulnerable as the intensity of the responses was confusing and difficult to understand (Ferguson, 2004). A study that was done in Norway by

Macleod, (1999) emphasized that peer pressure sometimes involved exclusionary practices, as when sexually inexperienced teenagers were sent away during the discussion of any sexual matters. The educational stakes were also very high for young parents in the developed countries whereas a high percentage of young mothers drop out of school, which made early motherhood the number one reason for dropping out of school among young girls in these countries. In their research on schoolgirl pregnancy, Marston and King (2006) in South Africa established that lack of authentic knowledge about sexuality issue seemed to be one of the major causes of pregnancies amongst primary schoolgirls. Adequate knowledge about sexuality could only be

obtained by education and the family milieu and parents were regarded as the most suitable to inform the child about sexuality issues (Bezuidenhout, 2004). However, in certain cultures sexuality issues were the least spoken about or discussed by members of the family, any sex topic was taboo (Rangiah, 2012).

According to Newman (2008) mothers often failed to communicate the 'facts of life' to their daughters and information about menarche was acquired from an elder sister, peers or nurses from health departments who visit schools. *International Journal of Scientific and Research Publications*, Volume 7, Issue 11, November

The perception by many adolescent concerning friends' pregnancy, liberal attitudes towards casual sex, the use of alcohol or drugs, fear of hormonal contraceptives and poor school-based sexuality education was associated with schoolgirl pregnancies (Oni et al., 2005). School girls shared a great deal of their lives with the peer group; they went to school with them, participate in sport with them, spend leisure time with them and slept over at their homes (Burger et al, 1994). Matters that could not be discussed with parents in some homes were freely discussed with the peer group, for example personal problems, educators, parents, clothing, the future, sex, contraceptives, drugs, alcohol etc.

However, the sexual information that peers had was not always authentic. Thus incorrect information received about sex from the peer group, peer pressure or the need of the teenager to be like her peers all contributed to causing unwanted pregnancies (Bezuidenhout, 2008).

Burger et al (1994) maintained that relationships with peers and peer pressure played an important role during adolescence. They spent a lot of time together in groups and the individual had to conform in order to be accepted by the group. The implication was that conformity was either implicitly or explicitly enforced and schoolgirls often engaged in sexual activities to be accepted in their peer group despite the possibility of an unwanted pregnancy (Vundule, et al., 2001).

The adolescent schoolgirl conformed even if it meant a contravention of social or parental norms (Bolton, 2003). Personal independence for the adolescent (schoolgirl) involved leaving the safety

of the family environment and orienting into the world outside (Jonathan, Klein, & Committee on Adolescence, 2005). The adolescent must be physically and physiologically prepared to let go of their dependence on their parents (guardians) and to value identification with the peer group rather than attachment to the home and family (Burger, Gouws& Kruger, 2000). Becoming emancipated (independent) and

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

The main purpose of this study is to identify the relationship between early pregnancies and school dropout among the youth girls in Kampala District. This chapter includes the lack part of this research study. It includes dissuasions, recommendations and summary of the fin

#### **5.1 Summary of findings and Discussion**

##### **5.1.1 Causes and of early pregnancies in secondary schools.**

When respondents were asked about the causes of early pregnancies in secondary schools, out of the total respondents of 1463 representing 6.2% responded in the affirmative. A follow up question as to whether the respondents had an idea of the causes of this problem was

asked and 3 respondents representing 10.3% reported that it is due rapid transition among school girls, 8 representing 27.9% said is due to moral decadency, 4b representing 13.7% reported that it is due to lack of sex education, 3 Representing 10.3% said it is because of culture and religion.

Research showed that a majority of the respondents representing 37.9% indicated that they are mishandling adolescent stage effects causes' early pregnancy in Kampala district.

##### **5.2.2 Effects of teenage pregnancies on school dropout in secondary schools**

Worse still, children born to very young mothers, surveys have indicated are at increased risk of sickness and death while teenage mothers will more likely experience adverse pregnancy outcomes. Mothers are also more constrained in their ability to pursue educational opportunities than young women who delay childbearing.

In the central district of Kampala, Dr. Micheal Musiitwa, the District Health Officer, reported (September 2017) teenage pregnancy is a general problem in the district and the sub-region at large especially in the urban and trading centers, pointing at poverty as the underlying factor. "There is still need to keep girls in school, putting away disparities in schools, promoting school health and youth-friendly health services at facility level," Dr. Musiitwa stated.

He further explained that the existing youth-friendly services at health facilities should be strengthened so that the youth have a place they can get help. Similarly, Dr James Batyani, the District Health Inspector of Isingiro District, says teenage pregnancy is at an average rate of one in every 10 teenagers, pointing at poverty and early marriages as the major drivers of the

problem. The age of sex debut is also as low as 13 years in Kampala district which is also as a result of poverty because the girls are desperate for material things their poor parents cannot provide,.

It can be deduced from the above investigation that many students (37.9 and 27.5%) of the respondents revealed that mishandling adolescent stage and moral decadence among the students are the leading causes of early pregnancy in Kampala district

Results have also found out that early pregnancy is the leading cause of school dropout and poor student performance in secondary schools in Kampala district.

99.7% of the respondents agreed on the same causes and effects of early pregnancies and 6.2% of the total number of students responded in earl pregnancies leads to poor performance in secondary schools in Kampala district.

### **5.3 Measures to overcome school dropout due teenage pregnancy**

Measures have also been taken to stamp out child marriages, which are rife in Kampala district but a current ongoing measures have been seen in the northern parts of Uganda.

“For young vulnerable girls, child protection committees have been formed in both districts and around 50 culprits have already been arrested. Early marriages are counterproductive to girls. They have in many ways affected development in Lango sub region,” explains Christine Amuge, the Aboke sub county chief. Aboke and other sub counties in Kole have also become by words for poor hygiene. Of late however, the state of hygiene and access to safe water coverage has been improving.

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“The strategy has been developed because for the last 30 years, there has been no change in the average age at first marriage which, in spite of multiple interventions, has remained at 17.9 years,” says Ms. Evelyn Anite, State Minister for Youth and Children Affairs.

### **5.2. Conclusion of the study**

The study was conducted to examine the impact of early pregnancy on the student academic performance in the two selected secondary schools in Kampala district The study revealed that



6.2% of the total number of students in secondary schools in Kampala district are faced with the challenges of early pregnancies and the consequences fell on their academic performance among other effects and economic development of the community.

In addition, the study revealed that the use of early pregnancy had affected academic performance of the respondents negatively and further confirmed that there was a strong negative relationship between early pregnancy and academic performance.

The study raised concerns about the need to solve the problem of early pregnancies as one way of improving on the student academic performance and foster economic development in Kampala district

### **5.3. Recommendations from the study**

Based on the findings, the researcher made some recommendations as follows;

The study recommends that the local government should extend strict reinforcement of education and set strict rules on school dropout for whatever reason, they should try measures like imprisoning the culprits of sexual abuse as one way of reducing teenage pregnancies in Kampala district.

The researcher recommends that religious and cultural leaders should play a big role in reducing this problem in schools, church leaders are strongly argued to teach and preach against sex before marriage and cultural leaders are advised to educate the youth in the community about sex and early marriages instead of pushing teenagers in marriage as some have been found in this practice of material and social gains.

Parents and teacher at home and school respectively have been argued to talk about sex matters with their children (students) and much care with adolescents. This will help them cope with the pressures of body changes in their lives and feel normal not excited and ignorance about this stage of development

Students and parents should be advised to allocate much time to academic work rather than any other thing especially during leisure time. Missing classes or student absenteeism has been found to be the major cause poor performance in this study. Time allocated to revision also determine ones performance therefore students are recommended to spend enough time revising so that they can foster their academic performance in secondary schools especially in science subjects.

The researcher further recommends that Parents and students' guardians give students some courage and motivation such that they can see the importance of education as a priority next to nothing else, if students are motivated, they are most likely to stay in education rather than engaging in moral behaviors like sex before marriage

#### **5.4. Area for future studies**

Basing on the situation in Kampala district, the researcher recommends that further studies be conducted about the following fields

1. The impact of rapid transition on their academic performance in Kampala district
2. The relationship between morality and academic performance in kampala district
3. The relationship between cancelling and guidance and student performance in class in Kampala district

### References

1. *African Population and Health Research Centre (APRHC) Briefing paper. October 2013.*
2. *Abuya, B. (2013). Ministry of Education the Incidence of Sexual Harassment and Violence Among Girls Attending High Schools in Kenya by 2015.*
3. *Ann, B., Gregory, R., Lloyd, B. C., & Mensch, S. B. (2007). „Premarital Sex and schooling transitions in four sub-Saharan African Countries"*
4. *Poverty, Gender and Youth working paper No. 5. New York: Population Council. Anya, K. G. (2013).*
5. *An Assessment of the Influence of Life Skills Education on Reproductive Health Behaviour of adolescent Girls' in Public schools in Kibera, Nairobi. M.A. Research paper, University of Nairobi.*
6. *Bearinger, L. H., Sieving, R. E., Ferguson, J &*
7. *Sharma, V. (2007). Global Perspectives on the Reproductive Health of Adolescents: Patterns Prevention and Potential. The Lancet 369,1220-31*
8. *Boonstra D. H. (2007). Young People Need Help in Preventing Pregnancy and HIV; How Will the World Respond? Guttmacher Policy Review, summer 2007. Volume 10, Number 3 Borg, R. W. & Gall, M. D. (1989).*
9. *Educational Research. An introduction. New York: Longman inc.*
10. *Burnett, N. & Felsman, C. (2012). Post-2015 Education MDGS. Washington:*
11. *Results for Development Institute Chaaban, J. & Cunningham, W. (2011). Measuring the Economic Gain of Investing in Girls. The Girl Effect Dividend.*

12. *The World Bank Policy Research Paper 5753*. Chege, F.C. & Sifuna, D. N. (2006). *Girls' and Women's Education in Kenya. Gender perspectives and trends*. Nairobi: UNESCO  
Coles, C. (2005). *Teen pregnancy and "internal poverty."*
13. *The Futurist*, 38(7), 10 Collins, C., Allagiri, P. & Summers, T. (2002). *Abstinence Only vs. Comprehensive Sex Education: What is the evidence?*
14. *AIDS Policy Research Center & Center for AIDS Prevention Studies. AIDS Research Institute; University of California, San Francisco. Policy Monograph Series-march 2002.*  
73
15. DeSousa, S. & Gebremedhin, T. (1999). *High School Dropouts: Implications in the Economic Development of West Virginia.*
16. *Research Paper 9909*. Eloundou-Enyegue, P. M. (2004). „Pregnancy related dropouts and gender inequality in Education. A life table application to Cameroon". *Demography* 41(3) 509-529.
17. FAWE. (2011). *A survey of re-entry of pregnant Girls in primary and secondary schools in Uganda.*
18. Grant, M. & Hallman, K. (2006). *Pregnancy related School Performance in South Africa.* Population Council, Newyork. Guttmacher Institute. (2012). *Facts on American Teens Sources of Information*
19. *About Sex. In Brief: Fact sheet. February 2012.* Holt, K., Lince, N., Hargey, A., Struthers, H., Nkala, B., McIntyre, J., Gray, G., Mnyani, C. & Blanchard, K. (2012).
20. *Assessment of Service Availability and Health care workers Opinions about Young „s Sexual and Reproductive Health in Soweto, South Africa. Journal of Reproductive Health* 16(2), 283-294

21. Hunt, F. (2008). *Dropping Out of School: A Cross Country Review of Literature. Create Pathways to Access, Research Monograph No. 16. March 2008.*
22. Hungi, N. & Thuku, F. (2010). *Differences in pupil achievement in Kenya: Implications for policy and practice. International Journal of Educational Development 30:33-43*
23. Joppe, M. (2000). *The Research process. Retrieved March 20, 2015, from <http://www.ryerson.ca/~mjoppe/rp.htm>*  
Kathuri, N. J. & Pals, D. A. (1993).
24. *Fundamentals of Behavioral Research (7<sup>th</sup> ed).* New York: Holt Rinehart and Winston inc.  
74KHRC/RHRA. (2010). *Teenage Pregnancy and Unsafe Abortion. The Case of Korogocho Slums. Nairobi.*  
Kirby, D. (2002). *Antecedents of adolescent initiation of sex, contraceptive use and pregnancy.*
25. *American Journal of Health Behavior, 26, 473-485.* Kothari, C. R. (2009).
26. *Research Methodology: Methods and Techniques. New Delhi: New Age International (P) Limited*  
Lam A., Harder, A., Lamm, D., Rose, H. & Rask, G. (2005).
27. *Risk Factors Affecting High School Dropout Rates and 4-H Teen. Planning Journal of Extension, Volume 43, No. 4, Research in Brief.*  
4HIB6 Lloyd, B. (2007). *Poverty, Gender and Youth. The Role of Schools in Promoting Sexual and Reproductive Health Among Adolescents in Developing Countries.*

28. *Working Paper No. 6, 2007. Population Council. Loaiza, E. & Liang, M. (2013). Adolescent Pregnancy: A Review of the Evidence. New York: UNFPA 2013. Miriam G. (2010, December 30).*
29. *Students Drop Out Rate on the Increase Despite Free Education. Inter Press Service News Agency. Retrieved from www.ipsnews.net Muganda-Onyando, R. & Omondi, M. (2008).*
30. *Down the drain. Counting the Costs of Teenage Pregnancy and School Drop Out in Kenya. Center for the Study of Adolescence (CSA).*
31. *Molosiwa, S. & Moswela, B. (2012). Girl Pupil Dropout in Secondary Schools in Botswana: Influencing Factors, Prevalence and Consequences.*
32. *International Journal of Business and Social Science Vol. 3 No.7; April 2012 Mugenda, O. M. & Mugenda, A. G. (2003).*
33. *Research Methods. Quantitative and Qualitative Approaches. Nairobi, Acts Press. Murphy, S., Belmonte, W. & Nelson, J. (2009).*
34. *Investing in Girls' Education. An Opportunity for Corporate Leadership. Corporate Social Responsibility Initiative. Harvard Kennedy School, September 2009*
35. *Musonga, P. E. (2014). Factors Influencing Girl Child Dropout Rate in mixed secondary schools in Kenya: a case of Bumula Sub County. MPP Thesis, University of Nairobi. 75*
36. *Ngom, P. Magadi, P. & Owuor, T. (2003). Parental presence and adolescent reproductive health among the Nairobi urban poor. Journal of Adolescent Health, 2003, 33(suppl. 5): 369-377.*

37. Nyaga, A. M. (2010). *Factors leading to Dropout among Female Students in secondary schools in Runyenjes Division of Embu East District, Kenya*. Unpublished M. Ed Thesis, Chuka University College. Obongo, C. (2015). „
38. *The Adolescent HIV Prevention Campaign is much more than distributing Condoms to kids.* ' U Report February 23<sup>rd</sup> 2015 Orodho, J. A., (2004).
39. *Techniques of Writing Research Proposal and Reports in Education and Social Science*, Masola Publishers; Nairobi. Panday S., Makiwane, M., Ranchod, C. &Letsoalo, T. (2009).
40. *Teenage pregnancy in South Africa-with a specific focus on school going learners*. Child, Youth and Social Development, Human Sciences Research Council, Pretoria; Department of Basic Education
41. Population Reference Bureau.(2013). *Kenya Adolescent Reproductive Health and Development Policy. Implementation Assessment Report*. Republic of Kenya.(2005). *Adolescent Reproductive Health Development Policy*
42. *National Council for Population and Development*. Republic of Kenya, Nairobi: Government Printer Ramirez, A. L. & Carpenter, D. (2008). *Solving the Drop-out Puzzle: strategies for success*. Principal Matters, Journal for secondary School Leaders in Australia, No. 76,43-46 Spring. Republic of Kenya.(2005).
43. *Bungoma District Strategic Plan 2005-2010 for the National Population Policy for Sustainable Development*, Nairobi: Government Printer Republic of Kenya.(2013).
44. *The Basic Education Act 2013*, Nairobi: Government Printer Rosen, J. E., Murray, N. J., Moreland, S. (2004). *Sexuality Education in Schools: The International Experience and Implications for Nigeria*. Policy working papers series No. 12

**APPENDICES**  
**APPENDIX: A**  
**QUESTIONNAIRE FOR THE RESPONDENTS**

**Dear respondents**

I am Owakubariho Felix and a student of Kampala International University pursuing a bachelor's of Science with education. I am carrying out a study research entitled **TEENAGE PREGNANCY AND SCHOOL DROPOUT IN SECONDARY SCHOOLS IN KAMPALA DISTRICT**. You are among the respondents randomly selected to provide information. Please you are requested to respond to the questions by ticking on the appropriate box or write a brief statement where applicable. The information provided will be kept confidential and will only be for academic purposes.



## SECTION A

### BIO DATA OF THE RESPONDENTS

Instructions tick where appropriate

#### 1. Gender

A	Male	
B	Female	

#### 2. Age

A	18 – 30	
B	31 – 40	
C	41 – 50	
D	51 – 60	
E	61 –Above	

#### 3. Level of Education (Tick where appropriate)

Primary	Post primary	Certificate	diploma
A	B	C	D

#### 4 Marital Status

A	Single	
B	Married	
C	Divorced	

#### 5 Occupation

No,	Years	Tick
A	Teacher	
B	Doctor	
C	Soldier	
D	Specify	

## SECTION B:

### CAUSES OF EARLY PREGNANCY ON ACADDEMIC PERFORMANCE IN KAMPALA DISTRICT

Using a Likert scale of 1 – 3 to rate the following alternatives from A – I where 1- Agree (A), 2- Not Sure (NS), 3 - Disagree (D)

Tick where appropriate

STATEMENT	AGREE	NOT SURE	DISAGREE
Rapid transition			
Moral decadency			
Mishandling of adolescent stage			
Cultural and religious teachings and practices			
Poverty			
Lack of sex education			

## SECTION C

### EFFECT OF DOMESTIC VIOLENCE ON CADEMIC PERFORMANCE

Using a Likert scale of 1 – 3 to rate the following alternatives from A – I where 1- Agree (A), 2- Not Sure (NS), 3 - Disagree (D)

Tick where appropriate

STATEMENT	AGREE	NOT SURE	DISAGREE
School dropout			
Poor grades in class			
Poverty/ economic hardships			
Increased illiteracy			
Early marriages			
Generation gap between parents and students			

**APPENDIX B**  
**INTERVIEW GUIDE**

I want to thank you for taking your time to meet with me today. My name is Owakubariho Felix and you have been purposively selected to be interviewed because of your strategic position in new vision. This interview is designed to assist me to complete an academic research project on the **Pregnancy and School Dropout in Secondary Schools in Kampala District**. This research is a partial fulfillment for the award of **bachelors of Science with education** and the interview will take about 15 minutes. All responses will be kept confidential and will purely be for academic purposes.

1. Why are there increased early pregnancies in Kampala district secondary schools today?  
.....  
.....
2. What are the causes of teenage pregnancies in schools of in Kampala district  
.....  
.....
3. What has can the government and institutions do to curb the problem of early pregnancies  
Kampala district?  
.....  
.....
4. How is this problem affecting the education of the girl child education program?  
.....  
.....

**Thank you for your cooperation.**